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ABSTRACT

In an effort to explain the high turnover rate among family day care (FDC) providers, a study of the effects of perceived social support, job satisfaction, and the establishment of boundaries between a family day care provider's nuclear family and her FDC system was conducted. Analysis of data gathered from a mail survey of over 300 currently and formerly registered FDC providers in Delaware suggested that nonstable providers were more likely than stable providers to have their own young children at home. Data also suggested that stable providers were more likely to have clear boundaries between their nuclear families and their FDC systems, work longer hours, and have previously held child-related jobs. Stable providers reported higher levels of overall job satisfaction than did nonstable providers. Data from a 6-month longitudinal study of 24 FDC providers during their first 6 months after FDC registration with the state of Delaware provided illustrations of the ways some providers established boundaries between their nuclear families and FDC systems and insights into factors influencing FDC providers' job stability. (RH)

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An Investigation of Turnover Among Family Day Care Providers

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Running head: FDC Turnover

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An Investigation of Turnover Among Family Day Care Providers

ABSTRACT

In this research, the effects of perceived social support, job satisfaction and the establishment of boundaries between a family day care provider's nuclear family and her family day care (FDC) system were studied in tandem with demographic factors to provide a possible explanation for the high turnover rate among FDC providers. Analysis of the data gathered from a mail survey of over 300 currently and formerly registered FDC providers in Delaware suggests that nonstable providers are more likely to have their own young children at home. It also suggests that stable providers are more likely to have clear boundaries between their nuclear families and their FDC systems, to work longer hours and to have previously held child-related jobs. In the study stable providers also reported higher levels of overall job satisfaction.

Data from a 6-month longitudinal study of 24 FDC providers during their first 6 months following FDC registration with the state of Delaware

provided illustrations of how some providers established boundaries between their nuclear families and FDC systems as well as further insight into factors influencing FDC providers' job stability.

An Investigation of Turnover Among Family Day Care Providers

Family day care (FDC) is in high demand as a preferred alternate care arrangement for infants and toddlers, who are swelling the ranks of children in day care at an unprecedented rate (Hofferth & Phillips, 1987). Unfortunately, the annual turnover rate among FDC providers is estimated to be as high as 60% (NAEYC, 1985). Unexpected loss of day care arrangements can cause stress for working mothers. Instability of day care arrangements may also be harmful for very young children who are still negotiating the developmental task of forming attachment relationships and need stability in their caregivers in order to accomplish this. Consequently, it is important to explore the causes of the high turnover among FDC providers.

The purpose of this research is to determine which caregiver characteristics and which factors in the caregiver's situation differentiate the stable provider from the nonstable provider. (For purposes of the present discussion, "stable" will be defined as "one who maintains a commitment to offer child care for at least two years" and

"nonstable" will be defined as "one who abruptly drops out of the market despite an initial intention of providing care for a longer period of time."

A systems perspective encompassing the multiple family and work roles of the FDC provider was used in conducting this investigation. In human terms, a "system" implies a group of people with a stronger relationship among them than between them and their external environment (Broderick & Smith, 1979). It is the boundaries of a system which establish its limits. These system boundaries act as rules within the system that define who, when and how people participate in a system (Minuchin, 1974).

Systems can be described as "open" or "closed" depending on how receptive they are to change (Levant, 1984; Giles-Sims, 1983). A key principle of adaptation is the ability of a system to reform boundaries at a functional level, incorporating new information from outside the system. Studies of family systems that are not functioning well have identified boundary ambiguity as a source of stress. Inability to clarify who is in and who is out of a system and what roles system members must

perform, is seen as blocking a system's attempts to reorganize (Boss & Greenberg, 1984).

In FDC a multitude of systems interact to form the FDC system. The center of the system is the provider and her family rather than the child in care. The provider's family existed with each member having its own role(s) to perform prior to the existence of the FDC system. When the FDC system is organized, all members of the family must assume new roles in addition to their old ones, at least for the duration of the presence of "strangers" in the home. Each family member must also adjust to the demands all the new roles make on other family members, which may make them less available or likely to react in different ways than formerly. Each new child added to the FDC system also impacts on all the members of the original family system as well as other members in the family day care system. (See Figure 1.)

The provider's family, at the core of the family day care systems, will need boundaries sufficiently defined to retain the family's integrity, yet sufficiently flexible to allow the system to move to a new level of functioning incorporating all the new roles of its members. The stability of the provider may depend on the

adaptability of the family as well as the amount of positive and negative feedback she receives from family members, the social support system of the community, and the families of the day care children.

Although few studies have looked specifically at the changing nature of family boundaries and roles in FDC, some of the existing FDC and center day care research does paint a picture of the process. Wandersman (1978) reported significant differences both in how caregivers treated their own children compared to the day care children, and in types of activities engaged in by the caregivers' own and the day care children. The caregivers in the Wandersman (1978) study felt it necessary to create boundaries for their own children when their children experienced problems sharing their homes, belongings and mothers with the day care children.

Atkinson (1988) investigated how family systems differed in their adaptation to FDC depending on whether or not they were "open" or "closed." Her results showed that providers varied in how accepting they were of the intrusion of FDC families into family time and family space. The majority of the providers in he study carefully

controlled the intrusion into family time but were less troubled about intrusion into family space.

The National Day Care Home Study (Divine-Hawkins, 1981) found that providers with their own children in the home tended to blur the family and day care system boundaries with these providers tending to perform more routine household tasks and fewer child-oriented activities than when providers did not have their own children present. It also identified different types of functional relationships between providers and day care parents. Some parents found it more advantageous to have close personal relationships with their parent clientele and others "felt that such closeness made it very difficult to discuss problems or parental dissatisfactions (Divine-Hawkins, 1981, p. 70)."

The link between job satisfaction and stability was studied indirectly by Kontos (1988) in a study of job satisfaction and career development among FDC providers in North Dakota. She found that providers who saw FDC as their chosen occupation rather than as a temporary job were more satisfied. Higher commitment to FDC as a career was also reflected in providers perceiving

extensive social support from community and friends for their work.

METHOD

Two separate studies were conducted to look at commonalities and differences between stable and nonstable providers. Study One was based on a mail survey of currently and formerly registered FDC providers in Delaware. Respondents completed and returned four questionnaires: a demographic survey, a job satisfaction questionnaire, a perceived social support inventory, and a measure of perceived boundary clarity or ambiguity.

Study Two followed a sample of 24 FDC providers during their first 6 months of providing FDC in their homes. Data about the prospective providers' expectations of family day care were gathered at their orientation training sessions prior to their licensure. Two telephone interviews with each participant were then conducted at 3- and 6-month intervals. The structured telephone interviews were primarily open-ended questions which probed into the changes occurring within the provider's own nuclear family in response to the newly established FDC system.

Study One.

Sample. Of the 931 packets mailed to currently registered providers, 317 (34%) were completed and returned. Of the 908 packets mailed to formerly registered providers, 67 (7%) were returned. In the sample 206 providers met the previously established criteria for the category of stable providers and 31 met the criteria for the category of nonstable providers. The demographic characteristics of the total sample and the two subsamples of stable and nonstable providers are summarized in Tables 1 and 2. In the total sample, respondents were all female, the mean age was 36, and the average length of FDC experience was 54 months. The respondents were predominantly White (91%), were married (88%) and had neither early chidhood education (90%) nor previous experience in a child-related job (90%). Sixty-one percent had at least one child of their own in care. About half of the respondents reported family incomes over $30,000 and half reported incomes ranging from less than $10,000 to $29,999. (See Tables 1 and 2.)

The only significant differences in the descriptive variables indicated that stable providers were more likely to work longer hours and to care for more children than the nonstable providers.

The majority of providers, both stable (65%) and nonstable (77%), were primarily motivated to be FDC providers in order to earn money while staying home with their own children. Reasons for no longer providing care are tabulated in percentages for both the total sample and the nonstable providers in Table 2. Nonstable providers are over-represented in the categories of problems with parents and job stress. Table 3 tabulates the percentages of reasons why former providers quit, comparing the former providers in the total sample to those in the nonstable category.

Table 3. Reasons for Quitting.

	Total Sample	Nonstable Providers
	%	%
Insufficient Income	23	21
Parent Problems	12	17
Problems With Own Children	2	3
Lack of Family Support	5	3
Job Stress	13	17
Other	44	39

Measures. Job satisfaction was tapped both on a global level of overall satisfaction and through the use of a 26-item Job Satisfaction Questionnaire measuring job satisfaction on specific job characteristics such as pay, working conditions, sense of accomplishment, and interactions with children and parents. Items were scored on a 4 point likert type scale (very dissatisfied, dissatisfied, satisfied, very satisfied). The Job Satisfaction Scale demonstrated a reliability of .83 (Cronbach's alpha) based on the entire sample (N=392). The first 13 items on the Job Satisfaction Scale are related to extrinsic factors of FDC and the last 13 are related to intrinsic characteristics of the job. The Intrinsic

Satisfaction Subscale had a reliability of .74 (Cronbach's alpha) and the Extrinsic Satisaction Subscale had a reliability of .70 (Cronbach's alpha). The respondents typically expressed high levels of job satisfaction. Almost 85% of the total sample were satisfied most or all of the time. Even 55% of the nonstable providers declared they had been satisfied while doing FDC most or all of the time. The mean score on the Job Satisfaction Scale was 78 (S.D. 9) out of a possible 104.

The Day Care Provider Support Scale, used to measure providers' perceptions of social support, was a 21-item scale summed to yield scores for different types of support: family and friends, day care community, professionals in the community and clients. A total score was also calculated as a measure of perceived social support. The total scale reliability was .81 (Cronbach's alpha). The reliabilities for the subscales were as follows: the 7-item Family Subscale (.72), the 6-item Day Care Community Subscale (.73), and the 6-item Client Subscale (.85). All reliabiliies are based on the total sample of the mail survey (N=392).

The Family Day Care Provider Attitude Scale consists of 34 statements having to do with

boundaries around the FDC system. Survey participants were asked to evaluate if each statement reflected how they felt about their own FDC systems by responding "mostly true" or "mostly false." An earlier pilot study (Bollin, 1989) revealed that the instrument was measuring two different aspects of boundary clarity: clearly defined boundaries between the provider's nuclear family and the FDC system, and a professional attitude towards FDC. (It was assumed that professionalism with regard to FDC would indicate a clear sense of the boundaries and relationships between the provider, her family day care clients and the community organizations supporting FDC.) Two subscales were formed from the Attitude Scale for purposes of analysis: the Boundary Subscale (Kuder-Richardson reliability, .72) and the Professionalization Subscale (Kuder-Richardson reliability, .60). In the mail survey sample, the two scales were weakly but significantly correlated (r=.15, p=.006).

Results. Discriminant analysis was used first to study the ways in which stable and nonstable providers might differ. Second, it was employed to assess prediction of membership into the two groups of stable or nonstable providers, based on four

sets of variables: demographics, social support, job satisfaction and boundary definition. Initial discriminant analyses were run separately for each set of variables in order to determine which individual variables from each set were good predictors and how effective each group was separately at classifying stable and nonstable providers. A fifth discriminant analysis was run based on key variables from all four sets of variables. The actual numbers of stable and nonstable providers in the sample were used to estimate the prior probabilities of group membership. Stepwise discriminant analysis based on maximizing the increase in Rao's V was used in all the analyses.

There was significant discrimination between stable and nonstable providers based on demographic variables, $X^2(7)=56.9, p<.001$; on job satisfaction variables, $X^2(26)=30.9, p<.001$; and on social support variables, $X^2(2)=11.7, p=.003$. There was improved statistically significant discrimination for the function combining variables from all sets $X^2(8)=65.9, p=.000$.

For the demographic set of variables, the following set of 7 variables met the criteria of maximum increase in Rao's V for selection: presence

of the provider's infant, preschooler, or school-aged child (entered as dummy variables); hours worked; previous child-related employment; age at which provider began providing FDC; and specialized early childhood training. (See Table 4.) The demographic function had an eigenvalue of .29. On the basis of the seven predictor variables, 88% of the providers weree correctly classified as stable or nonstable. There was a 29% correct classification rate for nonstable providers, considerably higher than the 13% expected by chance based on prior probabilities.

The three variables which contributed to a significant change in Rao's V were: presence of an infant, hours worked per week; and presence of a preschooler. Nonstable providers were more likely to have infants and/or preschoolers home and to work fewer hours per week. The other four demographic predictor variables indicated that nonstable providers were more likely to not have school-aged children, to not have previously held a child-related job; to be younger than stable providers when they began providing care; and to have had some specialized training in early childhood education.

The job satisfaction variables entered as a set included expressed desire to change jobs; global satisfaction level; and satisfaction with extrinsic and intrinsic job characteristics. Only desire to change jobs and global satisfaction met the criteria for selection into the analysis based on maximizing the increase in Rao's V. (See Table 5.)

The canonical discriminant function yielded an eigenvalue of .15. On the basis of the two predictor variables, a correct overall classification of 87% was achieved. There was a 19% correct classification for nonstable providers, only slightly better than would have been expected by chance (13%).

Examination of group means showed that nonstable providers had been more willing to change jobs, had had lower levels of global job satisfaction, and had expressed lower satisfaction with both extrinsic and intrinsic job characteristics.

The social support variables entered as a set included family support, day care community support, client support and support from professionals, such as local doctors. Both client support and day care community support met the

criteria for selection into the analysis. (See Table 6.)

However, the eigenvalue for the canonical discriminant function was a very low .05. Although the overall classification rate was 87%, the social support variables only accurately predicted 3% of the nonstable providers. Only client support was significant (Wilks' lambda =.96,p=.002). Examination of group means showed that nonstable providers had had a lower perception of support from the day care community and from their clients than did stable providers.

Although both boundary variables met the criteria for selection into the discriminant analysis, neither alone nor in combination were they able to significantly discriminate between stable and nonstable providers. (See Table 7.)

A stepwise discriminant analysis with a combination of demographic, job satisfaction, social support and boundary definition variables was also performed to assess prediction of membership into stable and nonstable categories. The 11 variables chosen were used either because of their significant contributions to the individual discriminant functions on the conceptually grouped

variables or because of their theoretical importance.

Only three of the variables were eliminated in the analysis as poor discriminators: motivation for providing FDC care, the Professionalization Subscale and satisfaction with extrinsic job characteristics. (See Table 8.)

The relative importance in descending order of the variables in this model were as follows: presence of provider's infant (-.63), satisfaction level (.45), presence of provider's preschooler (-.33), boundary definition (.28), hours worked per week (.27), prior child-related job experience (.26), willingness to change jobs (.26) and client support (.16). Nonstable providers were more likely to have either infants or preschoolers at home. Stable providers were more likely to express higher job satisfaction. They were also more likely to work longer hours, to have clearer boundaries between their nuclear family and FDC systems and to have previously held a child-related job.

The discriminant function had a high eigenvalue of .51. Using the canonical correlation coefficient squared as an estimate of the amount of variance explained in the discriminant function

analysis, approximately 34% of the variance ($.58^2$) can be accounted for by this analysis. The overall classification rate for the combined function was 89%. Approximately 42% of the nonstable providers and 96% of the stable providers were correctly classified, a substantial improvement over the prior probabilities of 13% and 87% respectively.

Discussion. The presence of a provider's own young child in her FDC system would appear to make the system more vulnerable. This finding can be interpreted indirectly as a boundary issue. Providers and their children have to deal with the assignment of many different roles within the new system, namely the roles of nurturance, control, alliances and peer relationships. The issues of nurturance and control become much more complex for the provider when both related and non-related children are present. Alliances and peer relationships seem to be constantly shifting for the provider's children who are put in the position of having to adjust daily depending on if or which day care children are present. Children could also react negatively to a loss of contact time with their mothers and intrusion into their personal and emotional space. This negative reaction, converted into misbehavior, could increase the difficulty of

the family's transition during the early stages of the FDC system.

It had been assumed in earlier research (Kontos, 1989) that the long hours worked in FDC would contribute to job stress and lower job satisfaction. However, in this sample it was the stable providers who worked longer hours yet simultaneously reported higher job satisfaction than did the nonstable providers. The explanation may be that longer hours are an indication that a provider has a full clientele and thus has a financially viable home business.

The finding that having held a child-related job in the past was more characteristic of stable providers is cause for speculation. One possible interpretation is that on the basis of the previous job experience these providers have a better understanding of the demands of working with children prior to becoming FDC providers. Another possible interpretation is that the job choices of stable providers reflect a preference for working with small children, whether or not in their own homes.

Demographic factors alone were only moderately successful in distinguishing between stable and nonstable providers. Level of job satisfaction

alone was also a surprisingly weak indicator of instability in this analysis. Although stable providers were consistently more satisfied on all measures of job satsfaction, nonstable providers displayed a surprisingly high level of job satisfaction also. It would seem that the effect of job satisfaction on job stability cannot be interpreted without consideration of its interaction with other factors.

Boundary formation did not emerge as strongly as anticipated as a factor influencing stability among FDC providers. As a discriminating variable it was only significant in tandem with other variables.

For the sample of providers in this study, at least, there did seem to be identifiable differences between the stable and nonstable goups. However, it was also obvious that the variables were not independent of each other in their effects. The most effective combination of discriminating variables were the presence of the provider's own young children at home as a negative predictor, and job satisfaction, boundary clarity, length of work week, prior work experience with children and client support as positive predictors of stability.

Study Two

Sample. The sample for Study Two, a short-term longitudinal study, was drawn from participants at mandatory training sessions offered by the Sate of Delaware as a prerequisite for licensure as an FDC provider. A total sample of 25 new providers was obtained from six different training sessions, two each in the three Delaware counties. Only participants with no prior FDC experience were permitted in the study.

Measures. At the orientation seminar, volunteers filled out the New Family Day Care Provider Expectation Survey. Nineteen of the 21 questions on the written, short answer questionnaire asked providers to detail their personal expectations about their future work as FDC providers. For example, participants were asked how many children they expected to have in care, how many hours per week they would work, how much they expected to earn, and how the FDC system might impact on their nuclear families. The final two items on the questionnaire asked providers' opinions about whether or not mothers of young children should be working outside the home.

Telephone interviews were conducted at three and six-month intervals. The 3-month interview

consisted of 24 open-ended questions. In addition to asking general questions about how the day care was going, the interview covered specific items mentioned in the Expectations Survey and explored the process of boundary formation between the provider's nuclear family and the family day care system. The 6-month interview included 20 questions dealing specifically with changes that had occurred in the previous three months and with family adjustment.

Following the 6-month interview, subjects were sent the same questionnaires that were administered in the mail survey and asked to fill them out and return them to complete the study.

Results. Of the original 25 participants, all but one of the research subjects were able to be contacted three months later by telephone. Of the remaining 24 providers, only 17 (71%) were actually providing care 6 - 9-months after becoming licensed for family day care. (Several providers had not begun care at three months which resulted in the lengthening of the study to nine months.) Of the seven who were not active FDC providers, three had never provided care at all. One of these had decided to be a foster parent instead; one could not meet day care regulations for fire safety; and

one was not able to get clientele. Of the four who had temporarily provided care, one quit due to lack of continued interest; one experienced an abrupt change in her personal circumstances; one was unable to obtain sufficient clientele; and one was unable to make sufficient income, partly due to parents' inability or refusal to pay. An additional provider in the sample who did not have a full quota of clients was anticipating having to quit to resume her seasonal job of produce farming to meet her financial obligations. This would have increased the turnover rate in the sample to 33%.

Both the stable and nonstable providers in Study Two were characterized more by diversity than commonalities in their demographic characteristics. A comparison of providers' expectations with reality showed only one area where there was a noticeable difference between what was expected and what occurred. Both ongoing and non-continuing subjects tended to overestimate how quickly they could fill their family day cares to capacity. Operating below capacity contributed to a lower income than anticipated by many. The financial strain that was a major influence on the decision to quit for 3 out of 4 providers who did quit

during the longitudinal study was really a product of lack of clientele.

Getting clients appears to be a critical variable in the transition period. New providers who were successful often used a variety of advertising methods and did not rely heavily on referral services. It was noted that a majority of leads from referral services were for infant care but providers were limited both by law and inclination as to how many infants they wished to have in their FDC systems.

The presence of a provider's own young children in the FDC did not seem to be a key variable in determining stability in the longitudinal sample. However, all but one of the providers who did have young children at home did describe behavior problems with their own children at their first interview. Over the first six months these providers coped by employing various boundary clarification techniques, such as allowing their own children to keep special toys in their own bedrooms which were off-limits to FDC children or planning special family activities outside of FDC hours. All the ongoing providers with young children felt their children had <u>adjusted</u> well by their 6-month interviews.

Stable providers without children home did not seem as concerned with such boundary issues as definite working hours and off-limits rooms in their homes. However, they reported needing to become more selective about their clients. The stable providers were more likely than nonstable providers to dismiss clientele rather than to close their FDC's altogether when faced with a problem of parents taking advantage of them or incompatible parenting values.

CONCLUSIONS AND IMPLICATIONS

Both Study One and Study Two suggest that stability among FDC providers is influenced by the family life cycle stage of the provider. The influence is indirect, with the presence of the provider's own young children at home causing additional stress which can be ameliorated by the establishment of clear boundaries between the provider's nuclear family and the FDC system.

It had been anticipated that a definite demarcation between the provider's nuclear family and the FDC system would reduce role conflict for family members and contribute to the FDC provider's stability. However, the research showed that the types of boundaries that were functional varied with the life cycle stage. Young matrons found it

more essential to establish a distance between their nuclear families and their FDC systems than did older providers with no young children at home. Boundary definition emerged as a variable that was important in combination with other factors, such as family structure and perception of social support, particularly from clients.

This research is the first attempt to investigate the causes of turnover among family day care providers from a family systems perspective. It provides valuable insight into the interactions between day care providers and their clients as well as into the interactions between the provider's nuclear family and the day care system. These two studies provide the groundwork for the expansion of research on several crucial family day care issues.

Figure 1.

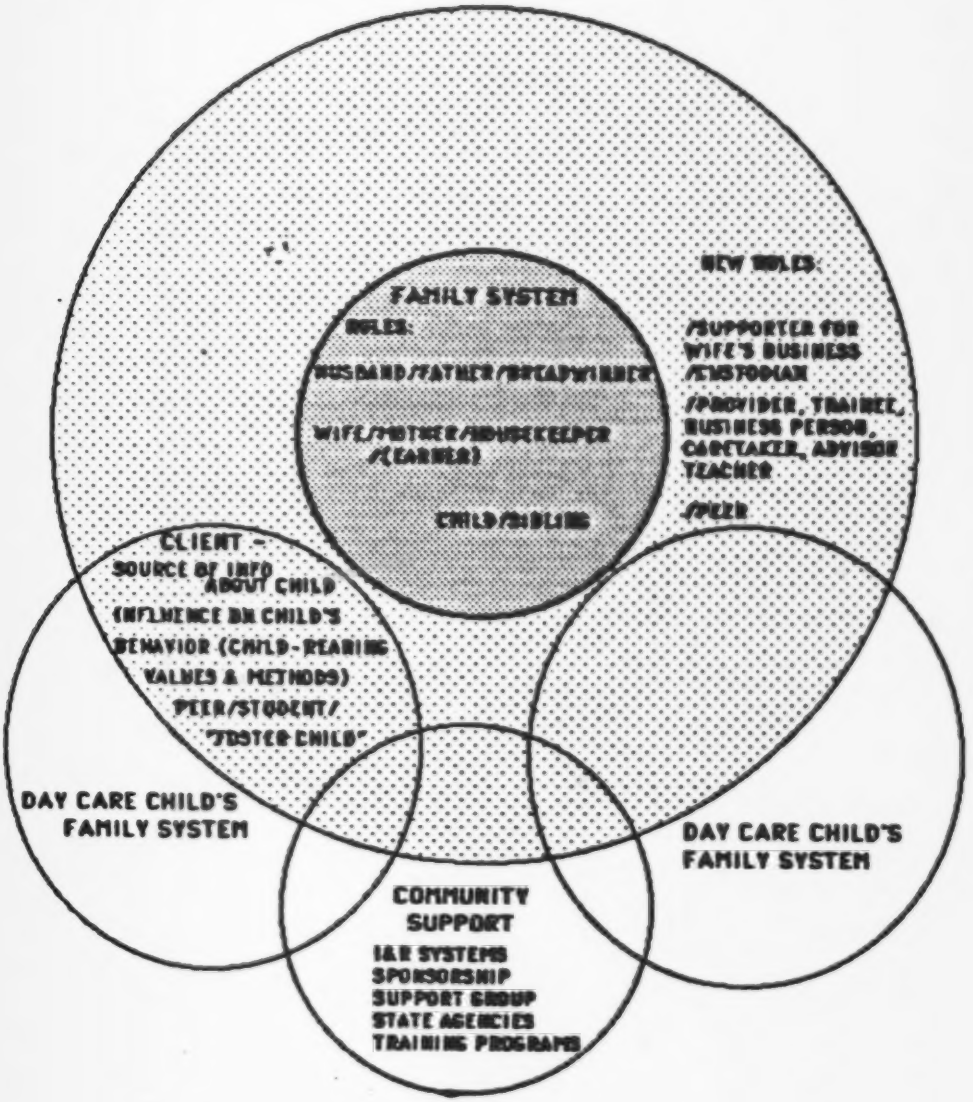
FAMILY SYSTEM
ROLES:
WIFE/MOTHER/HOUSEKEEPER
/(EARNER)
CHILD/SIBLING
NEW ROLES:
/SUPPORTER FOR WIFE'S BUSINESS
/CUSTODIAN
/PROVIDER, TRAINEE, BUSINESS PERSON, CARETAKER, ADVISOR TEACHER
/PEER
CLIENT -
SOURCE OF INFO ABOUT CHILD
INFLUENCE ON CHILD'S BEHAVIOR (CHILD-REARING VALUES & METHODS)
PEER/STUDENT/
"FOSTER CHILD"
DAY CARE CHILD'S FAMILY SYSTEM
DAY CARE CHILD'S FAMILY SYSTEM
COMMUNITY SUPPORT
I&R SYSTEMS
SPONSORSHIP
SUPPORT GROUP
STATE AGENCIES
TRAINING PROGRAMS

Table 1. Summary of Sample Characteristics (M Scores).

*Variable	Whole Sample N=392 M	Stable Providers N=206 M	Nonstable Providers N=31 M
Months Providing Care	54.0	79.0	12.0
Number of Children in Care	8.0	7.0	5.0
Day Care Infants**	0.6	0.6	0.7
Day Care Toddlers**	0.7	0.8	0.7
Day Care Preschoolers**	1.0	1.0	1.0
Day Care School-agers**		0.6	0.6 0.4
Own Children in Care	1.2	1.1	1.5
Own Infants**	.1	.0	.3
Own Toddlers**	.1	.1	.1
Own Preschoolers**	.5	.4	.7
Own School-agers**	.5	.5	.4
Hours Per Week Providing Care	49.0	5.0	44.0
Hours of Training	21.0	26.0	9.0
Education	13.0	12.8	13.2
Age of Provider	36.0	38.6	31.3

**Entered as dummy variables: 1= 1 or more children of that age and 0= no children of that age.

Table 2. Summary of Sample Characteristics.

VARIABLE*	Total Sample N=392 %	Stable Providers N=206 %	Nonstable Providers N=31 %
Current Care Status			
Current	81.0	100	0
Former	19.0	0	100
Number of Children in Care			
1	.5	.5	0
2	2.7	2.0	3.2
3	4.8	1.0	12.9
4	8.8	4.6	9.7
5	10.7	7.1	19.4
6	36.5	38.6	38.7
7	9.3	11.2	3.2
8	20.8	25.9	9.7
>10	5.9	8.7	3.2
Own Children in Care			
0	30.0	40.4	9.7
1	26.8	21.2	41.9
2	33.9	29.6	38.7
3	8.7	8.9	9.7
4	.5	0	0
School Year Care Only			
Only during school year	12.3	13.8	3.2
All year	87.7	86.2	96.8
Early Childhood Education			
None	89.9	91.7	87.1
Child Development (B.S.)	1.8	1.5	0
Education (B.S.)	3.6	2.9	6.5
Vo Tech (High School)	.8	1.0	0
Day Care Center training	1.0	1.0	0
Some college courses	2.8	1.9	6.5

Table 2, continued.

Ethnic Group			
White	90.9	90.2	93.5
Indian	.3	.5	0
Black	7.3	7.8	3.2
Hispanic	1.3	1.0	3.2
Asian	1.3	.5	0
Neighborhood			
Rural	31.6	27.1	46.3
Urban	8.6	8.5	3.2
Suburban	59.8	64.3	50.5
Marital Status			
Married	88.7	87.8	83.9
Divorced	9.4	9.3	16.1
Single	2.6	2.9	0
Income			
<$5000	.8	.5	3.3
$5 -9999	2.2	2.6	6.7
$10-14999	7.2	8.8	13.3
$15-19999	11.6	10.3	26.7
$20-29999	26.2	21.6	26.7
$30-39999	25.6	24.3	23.3
>$40000	26.4	29.9	23.3
Satisfaction Level			
Always satisfied	15.3	16.5	3.2
Mostly satisfied	69.6	72.3	51.6
Satisfied half the time	9.9	7.8	29.0
Sometimes satisfied	4.6	3.4	16.1
Seldom satisfied	.3	0	0
Never satisfied	.3	0	0
Desire To Change			
Anything else	5.6	3.0	27.0
Same money	9.9	11.6	18.0
Better job	23.4	19.2	32.0
No exchange	61.1	66.2	23.0

Table 2, continued.

Reason For Being An FDC Provider			
Stay home with own children	66.8	64.6	77.4
Better income	3.6	2.9	0
Better working conditions	4.3	6.3	3.2
Help working mothers	8.4	8.3	6.5
Work with children	9.5	11.2	9.7
Playmates	1.0	0	3.2
Other	6.1	.5	0
Reason For Quitting			
None	79.1	100	0
Insufficient income	4.8	0	21.0
Parent problems	2.6	0	17.0
Problems with own children	.5	0	3.2
Lack of family support	1.0	0	3.2
Job stress	2.8	0	17.1
Other	9.2	0	38.5

Table 4. Demographic Function.

Step Entered Removed	Wilks' lambda	Rao's V	Change in V
		Summary Table	
1 Own Infant	.876***	32.14***	32.14***
2 Hours Per Week	.833***	45.30***	13.15***
3 Own Preschooler	.799***	56.98***	11.68***
4 Own School-ager	.791***	59.82***	02.84
5 Child-related job	.785***	62.12***	02.29
6 Age Began FDC	.779***	64.38***	02.26
7 E.C. Education	.775***	65.94***	01.56

Variable	Stable	Nonstable
	Group Means	
Own Infant	00.025	00.266
Hours Per Week	52.392	43.433
Own Preschooler	00.332	00.633
Own School-ager	00.496	00.466
Child-related Job	00.573	00.100
Age Began FDC	32.130	30.253
E.C. Education	00.085	00.133

***$p<.001$

Table 5. Job Satisfaction Function.

Summary Table

Step Entered Removed	Wilks' lambda	Rao's V	Change in V
1 Desire To Change	.892***	26.338***	26.338***
2 Satisfaction Level	.867***	33.425***	07.087**
3 Intrinsic Sat.	.851***	38.035***	04.610*
4 Extrinsic Sat.	.839***	41.767***	03.73

Group Means

Variable	Stable	Nonstable
Desire To Change	03.48	02.50
Satisfaction Level	05.03	04.36
Extrinsic Sat.	38.55	35.64

*$p<.01$
***$p<.001$

Table 6. Social Support Function.

Summary Table

Step Entered Removed	Wilks' lambda	Rao's V	Change in V
1 Client Support	.958***	10.01**	10.01**
2 FDC Comm. Sup.	.949**	12.07**	2.07

Group Means

Variable	Stable	Nonstable	
Client Support		3.55	2.93
FDC Comm. Support	17.24	15.10	

**$p<.01$
***$p<.001$

Table 7. Boundary Definition Function.

Summary Table

Step Entered Removed	Wilks' lambda	Rao's V	Change in V
1 Prof. Score	.989	1.96	1.96
2 Boundary Score	.973	4.62	2.65

Group Means

Variable	Stable	Nonstable
Boundary Score	4.12	3.76
Prof. Score	3.39	3.79

Table 8. Combined Discriminant Function.

Summary Table

Step Entered Removed	Wilks' lambda	Rao's V	Change in V
1 Own Infant	.857***	27.43***	27.43***
2 Satisfaction Level	.772***	48.56***	21.13***
3 Own Preschooler	.741***	57.23***	08.68**
4 Desire To Change	.716***	65.07***	07.84**
5 Hours Per Week	.695***	71.99***	06.92**
6 Boundary Score	.681***	76.93***	04.94*
7 Child-related Job	.668***	81.67***	04.74*
8 Client Support	.662***	83.65***	01.98

Group Means

Variable	Stable	Nonstable
Own Infant	00.02	00.27
Satisfaction Level	04.98	04.42
Own Preschooler	00.39	00.69
Desire To Change	03.60	02.50
Hours Per Week	51.53	44.65
Boundary Score	04.12	03.58
Child-related Job	00.63	00.04
Client Support	03.44	02.89

**$p<.01$
***$p<.001$

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